

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2013

through

M M M / D D D / Y Y Y Y Y Y
04 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 17 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2013 To: M M / D D / Y Y Y Y Y Y
04 30 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		2014670.42
(b) Cash on Hand at Beginning of Reporting Period.....	2264552.96	
(c) Total Receipts (from Line 19)	125309.34	657826.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2389862.30	2672496.87
7. Total Disbursements (from Line 31)	57877.81	340512.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2331984.49	2331984.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 04 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

63968.11

195539.32

(ii) Unitemized

17948.82

50857.01

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

81916.93

246396.33

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

81916.93

246396.33

12. Transfers From Affiliated/Other

Party Committees.....

43200.00

408700.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

192.41

730.12

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

125309.34

657826.45

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

125309.34

657826.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	377.81	2287.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	377.81	2287.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	338150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	75.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	75.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57877.81	340512.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57877.81	340512.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	81916.93	246396.33
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81916.93	246321.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	377.81	2287.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	377.81	2287.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Davila

Mailing Address 1213 W. Cottage Loop

City State Zip Code
 Gardnerville NV 89460-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carson Valley Medical Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2013

Transaction ID : 20803347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Nelson-Becker

Mailing Address 301 N. University Boulevard

City State Zip Code
 Galveston TX 77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch Hos

Occupation

Div Chief & Admin Dir, Maternal & Chil

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : 20828595

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Boley

Mailing Address P O Box 390

City State Zip Code
 Kemmerer WY 83101-0390

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Lincoln Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : 20828596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Stephanie Wolf-Rosenblum MD

Mailing Address P O Box 2014

City

Nashua

State

NH

Zip Code

03061-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern New Hampshire Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 02 / 2013

Transaction ID : 20828613

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Pepe MD

Mailing Address 100 McGregor Street

City

Manchester

State

NH

Zip Code

03102-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 02 / 2013

Transaction ID : 20828614

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Nancy Howell Agee

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 04 / 2013

Transaction ID : 20828615

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City

Richmond

State

VA

Zip Code

23233-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2013

Transaction ID : 20828616

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Katharine M. Webb

Mailing Address 14 Bridgeway Road

City

Richmond

State

VA

Zip Code

23226-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2013

Transaction ID : 20828618

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832066

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

745.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 70
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael T Rowan FACHE

Mailing Address 198 Inverness Drive West, Suite 80

City State Zip Code
 Englewood CO 80112-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic Health Initiatives

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 04 / 08 / 2013

Transaction ID : 20832070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C. Hanson FACHE

Mailing Address 2701 Eastpoint Parkway

City State Zip Code
 Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 04 / 08 / 2013

Transaction ID : 20832072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Connie Smith

Mailing Address 456 Burnley Road

City State Zip Code
 Scottsville KY 42164-6355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center at Scottsville

Occupation

Chief Executive Officer and Chief Oper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 04 / 08 / 2013

Transaction ID : 20832073

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark J Neff FACHE

Mailing Address 222 Medical Circle

City

Morehead

State

KY

Zip Code

40351-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Claire Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William Haugh

Mailing Address 1625 Nashville Street

City

Russellville

State

KY

Zip Code

42276-8853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832075

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David L Albrecht

Mailing Address 2250 NW 26th Street

City

Owatonna

State

MN

Zip Code

55060-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Owatonna Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City State Zip Code
Edina MN 55435-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Southdale Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832077

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John W Herman

Mailing Address 911 Northland Drive

City State Zip Code
Princeton MN 55371-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Northland Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 20832078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mina H Ubbing

Mailing Address 401 North Ewing Street

City State Zip Code
Lancaster OH 43130-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : 20832082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Abrams

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : 20832083

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles Cataline

Mailing Address 111 E. Frankfort St.

City State Zip Code
Columbus OH 43206-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : 20832085

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,
15th Floor

City State Zip Code
Columbus OH 43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : 20832087

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City State Zip Code
Columbus OH 43214-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Vice President, State Policy & Advocac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : 20832088

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Angela Becker

Mailing Address 9616 Brunswick Dr

City State Zip Code
Brentwood TN 37027-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : 20832097

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Bowman

Mailing Address 304 Wright Street

City State Zip Code
Sweetwater TN 37874-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sweetwater Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : 20832098

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph M Dawson

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
Maryville TN 37804-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blount Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : 20832099

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Denny DeNarvaez

Mailing Address 1905 American Way

City State Zip Code
Kingsport TN 37660-5882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellmont Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : 20832100

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph Landsman

Mailing Address 1520 Cherokee Trail Suite 200

City State Zip Code
Knoxville TN 37920-2239

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : 20832101

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David R Posch

Mailing Address 1301 Medical Center Drive
Ste. 3812 TVC

City Nashville State TN Zip Code 37232-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Hospital and Clinics

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : 20832102

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Raynes

Mailing Address 100 North Crest Drive

City Springfield State TN Zip Code 37172-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northcrest Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : 20832103

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

c. Dr. Michael H Schatzlein , M.D.

Mailing Address 102 Woodmont Blvd
Suite 800

City Nashville State TN Zip Code 37205-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : 20832104

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey P. Doran

Mailing Address 1492 Great Pond Road
 140 Lincoln Avenue

City State Zip Code
 North Andover MA 01845-1200

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Lahey Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2013

Transaction ID : 20833693

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Jeanette G Clough

Mailing Address 330 Mount Auburn Street

City State Zip Code
 Cambridge MA 02138-5502

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mount Auburn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 05 / 2013

Transaction ID : 20833702

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Normand E Deschene FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code
 Lowell MA 01854-2134

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 05 / 2013

Transaction ID : 20833703

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

2300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert A Gundersen

Mailing Address 2001 Washington Street

City State Zip Code
 Braintree MA 02184-8658

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Hospital Northeast-Stoughton

Occupation

Market Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 20833704

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mrs. Mary K. Moscato

Mailing Address 22 Andrews Road

City State Zip Code
 Wakefield MA 01880-5135

FEC ID number of contributing federal political committee.

C

Name of Employer

Hebrew Rehabilitation Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 20833705

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Noga

Mailing Address 325 Oak Street

City State Zip Code
 Marshfield MA 02050-6226

FEC ID number of contributing federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Senior Director of Clinical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 05 2013

Transaction ID : 20833706

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

1087.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey Lockhart

Mailing Address 27 Raynes Neck Rd

City

State

Zip Code

York

ME

03909-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

York Hospital

Director Surgery, Special Procedures

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2013

Transaction ID : 20833721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. J Patrick Dyson

Mailing Address 1521 Gull Road

City

State

Zip Code

Kalamazoo

MI

49048-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Borgess Medical Center

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 20834627

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Medvec

Mailing Address 5686 Briar Glen

City

State

Zip Code

Saline

MI

48176-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oakwood Healthcare, Inc.

Chief Nursing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

04 / 11 / 2013

Transaction ID : 20835060

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

862.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura D. Appel

Mailing Address 224 Vicksburg

City
Lansing

State
MI

Zip Code
48917-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Federal Policy & Advoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 20835072

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin B. Downey

Mailing Address 1315 Westview Ave, Apt. 10

City

East Lansing

State

MI

Zip Code

48823-3975

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.60

Date of Receipt

04 / 11 / 2013

Transaction ID : 20835073

Amount of Each Receipt this Period

264.60

Full Name (Last, First, Middle Initial)

C. Mr. Charlie Johnson

Mailing Address 6109 Marsh Road

City

Haslett

State

MI

Zip Code

48840-8902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.75

Date of Receipt

04 / 11 / 2013

Transaction ID : 20835074

Amount of Each Receipt this Period

267.75

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

882.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

04 / 15 / 2013

Transaction ID : 20837632

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael V Sack FACHE

Mailing Address 585 Lebanon Street

City

Melrose

State

MA

Zip Code

02176-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 12 / 2013

Transaction ID : 20837637

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

C. Mr. Louis J Woolf

Mailing Address 1200 Centre Street

City

Boston

State

MA

Zip Code

02131-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hebrew Rehabilitation Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 12 / 2013

Transaction ID : 20837639

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1733.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anna M Adams

Mailing Address 2600 Abbotts Glen Drive

City State Zip Code
 Acworth GA 30101-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Government Relations Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838062

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles T. Adams

Mailing Address 1675 Terrell Mill Road

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838063

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Ginger E. Anspaugh FHFMA

Mailing Address 4002 Sunhill Court

City State Zip Code
 Woodstock GA 30189-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838064

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deborah Armstrong

Mailing Address 1412 Milstead Avenue NE

City State Zip Code
 Conyers GA 30012-3877

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Rockdale Medical Center Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838065

Amount of Each Receipt this Period

345.00

Full Name (Last, First, Middle Initial)

B. Ms. Katherine Bell

Mailing Address 63 LaFayette Drive
 Apt 3

City State Zip Code
 Atlanta GA 30309-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Georgia Hospital Association Director of Political Action

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838067

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Bloye

Mailing Address 2813 Bakers Bridge Drive

City State Zip Code
 Douglasville GA 30134862

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Georgia Hospital Association Vice President of Public Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838068

Amount of Each Receipt this Period

504.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1349.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert E. Bolden

Mailing Address 3300 Windy Ridge Pkwy
Unit 1408

City State Zip Code
Atlanta GA 30339-8520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Director of Fiscal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 20838069

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Keri Conley

Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 20838070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald N Fulks

Mailing Address 1022 Peninsula Drive

City State Zip Code
Lagrange GA 30240-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Georgia Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : 20838073

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Goodwin

Mailing Address 1675 Terrell Mill Road

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838074

Amount of Each Receipt this Period

540.00

Full Name (Last, First, Middle Initial)

B. Ms. Lynn Hale

Mailing Address 2016 Arbor Forest Drive

City State Zip Code
 Marietta GA 30064-8378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Martha Harrell

Mailing Address 109 Springs Drive

City State Zip Code
 Roswell GA 30075-4825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

VP Educational Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1040.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ethan James

Mailing Address 1838 Ravenwood Way

City State Zip Code
Atlanta GA 30329-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Director of Grassroots and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : 20838077

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn McGowan

Mailing Address 4546 Windsor Oaks Ct.

City State Zip Code
Marietta GA 30066-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President Quality & Patient Safet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : 20838079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William T Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code
Johns Creek GA 30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlanta Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : 20838080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph A Parker

Mailing Address 3497 Mill Bridge Drive

City State Zip Code
 Marietta GA 30062-5598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838082

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City State Zip Code
 Marietta GA 30064-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838083

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Temple Sellers

Mailing Address 2684 Canna Ridge Circle

City State Zip Code
 Atlanta GA 30345-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 15 2013

Transaction ID : 20838089

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Wayne Senfeld

Mailing Address 327 Kramer Street

City State Zip Code
 Carrollton GA 30117-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willowbrooke at Tanner

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kurt Stuenkel FACHE

Mailing Address 35 Huntington Rd. SW

City State Zip Code
 Rome GA 30165-6661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Floyd Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838093

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Carie Summers

Mailing Address 1675 Terrell Mill Road

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2013

Transaction ID : 20838094

Amount of Each Receipt this Period

504.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1254.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Waters

Mailing Address 3675 Lassiter Road

City State Zip Code
Marietta GA 30062-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : 20838096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Ostaszewski MS, CRRN,

Mailing Address 54 Bay Way

City State Zip Code
Brick NJ 08723-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHSOUTH Rehabilitation Hospital of

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2013

Transaction ID : 20846142

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

c. Mr. Joseph P Coyle

Mailing Address 46 Cypress Lane

City State Zip Code
West Creek NJ 08092-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Ocean Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2013

Transaction ID : 20846143

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 70
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth Bateman CPA

Mailing Address 6 Avalon Court

City	State	Zip Code
Flemington	NJ	08822-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somerset Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2013

Transaction ID : 20846144

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Rick D. Wallace FACHE

Mailing Address 801 West Maple Street

City	State	Zip Code
Farmington	NM	87401-5630

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Juan Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2013

Transaction ID : 20847222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert J Heckert Jr

Mailing Address 2669 North Scenic Drive

City	State	Zip Code
Alamogordo	NM	88310-8700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gerald Champion Regional Medical Cente

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2013

Transaction ID : 20847223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John O'Hara

Mailing Address 89 Birds Hill Ave

City

Needham

State

MA

Zip Code

02492-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2013

Transaction ID : 20851762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James L Daily

Mailing Address 115 Porter Drive

City

Middlebury

State

VT

Zip Code

05753-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Porter Medical Center

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 23 / 2013

Transaction ID : 20851770

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Tucker J. Bonner FACHE

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2013

Transaction ID : 20851771

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital Association

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2013

Transaction ID : 20851772

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Mr. James B Cole

Mailing Address 3951 Clifton Manor Place

City State Zip Code
Haymarket VA 20169-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center - Arlington

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 20851781

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. James Dunn

Mailing Address 2406 Worchester Rd

City State Zip Code
Midlothian VA 23113-6058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Community Hospita

Occupation
Vice President Advocacy & Communicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 20851782

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

745.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Noland

Mailing Address 942 Meadow Ct

City

Winchester

State

VA

Zip Code

22601-2879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warren Memorial Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 24 / 2013

Transaction ID : 20851783

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. John T. Hayden

Mailing Address 5864 Blue Jay Drive

City

Kalamazoo

State

MI

Zip Code

49009-0800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Vice President Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

04 / 23 / 2013

Transaction ID : 20851788

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

c. Ms. Anne Regling

Mailing Address 4929 Deepwood Dr.

City

Troy

State

MI

Zip Code

48098-4199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Battle Creek

Occupation

CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

04 / 23 / 2013

Transaction ID : 20852312

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sue Reinoehl

Mailing Address 8804 Weeping Pine Ln

City

Kalamazoo

State

MI

Zip Code

49009-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 23 / 2013

Transaction ID : 20852313

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul A Spaude FACHE

Mailing Address 1521 Gull Road

City

Kalamazoo

State

MI

Zip Code

49048-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Borgess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

04 / 23 / 2013

Transaction ID : 20852335

Amount of Each Receipt this Period

437.50

Full Name (Last, First, Middle Initial)

C. Ms. Leslie Marsh

Mailing Address 1214 15th Ave

City

Kearney

State

NE

Zip Code

68845-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2013

Transaction ID : 20852360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

897.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia R. Goldman

Mailing Address 9 Farm Haven Court

City

Rockville

State

MD

Zip Code

20852-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : 20853214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven R Gordon

Mailing Address 17 Belmont Avenue

City

Brattleboro

State

VT

Zip Code

05301-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20853297

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Joel Rudin

Mailing Address 3 Webster Street

City

Winchester

State

MA

Zip Code

01890-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884188

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1037.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy Schuler

Mailing Address 1 Alpine Circle

City State Zip Code
Wakefield MA 01880-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884189

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary T Sweeney

Mailing Address 41 Highland Avenue

City State Zip Code
Winchester MA 01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President Planning, Business Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884190

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Jordan III MBA

Mailing Address 2014 Washington Street

City State Zip Code
Newton Lower Falls MA 02462-1699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

Interim President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884191

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kevin Tabb MD

Mailing Address 330 Brookline Avenue

City
Boston

State
MA

Zip Code
02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884192

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Doherty CPA

Mailing Address 250 Pond Street

City
Braintree

State
MA

Zip Code
02184-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Braintree Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 20884193

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Mr. John Sackett

Mailing Address 9901 Medical Center Drive

City
Rockville

State
MD

Zip Code
20850-3357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shady Grove Adventist Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20884200

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1267.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Gail Lovinger

Mailing Address 2225 Simpson

City State Zip Code
 Evanston IL 60201-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President Association Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2013

Transaction ID : 20884202

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Alan R Yordy

Mailing Address 1915 SE 34th, Suite 106, Box 246

City State Zip Code
 Camas WA 98607

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20884208

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Duane Francis

Mailing Address 1700 East 19th Street

City State Zip Code
 The Dalles OR 97058-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Columbia Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20884209

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew S Davidson

Mailing Address 4000 Kruse Way Place, Suite 2-100

City State Zip Code
 Lake Oswego OR 97035-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Association of Hospitals and He

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20884210

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Andrea Easton

Mailing Address 258 Evergreen Road
 #4

City State Zip Code
 Lake Oswego OR 97034-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Association of Hospitals & Heal

Occupation
 Director of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20884211

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place
 Building 2, Suite 100

City State Zip Code
 Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Association of Hospitals & Heal

Occupation
 Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20884212

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Katie Harris

Mailing Address 9729 SW Landau Place

City State Zip Code
Tigard OR 97223-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Associate Director of Program Manageme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Peggy Allen

Mailing Address 18839 Roundtree

City State Zip Code
Oregon City OR 97045-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885224

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms. Cynthia M Grueber

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885225

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Steward

Mailing Address 1050 Apogee Way

City

Klamath Falls

State

OR

Zip Code

97601-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merle West Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885227

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James A. Diegel

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885235

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Gomes

Mailing Address 2991 SE Triangle Outfit Dr

City

Prineville

State

OR

Zip Code

97754-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20885236

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Manuel S Berman MHA

Mailing Address 335 SE Eighth Avenue

City

Hillsboro

State

OR

Zip Code

97123-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuality Healthcare

Occupation

Administrator and Chief Operating Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 20885237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Craig J Broman MHA, FACHE

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 20885292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City

Hutchinson

State

MN

Zip Code

55350-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraCare Health Monticello

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 20885308

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rod L. Betit

Mailing Address 2180 South 1300 East, Suite 440

City State Zip Code
 Salt Lake City UT 84106-2856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20885318

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert W Allen

Mailing Address 900 Round Valley Drive

City State Zip Code
 Park City UT 84060-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park City Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20885319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David C. Gessel J.D.

Mailing Address 2180 S. 1300 East
 #440

City State Zip Code
 Salt Lake City UT 84106-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHA, Utah Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20885320

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Holyoak

Mailing Address 150 West 100 North

City State Zip Code
 Vernal UT 84078-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Castleview Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20885321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Smoot

Mailing Address 1034 North 500 West

City State Zip Code
 Provo UT 84604-3380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Valley Regional Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : 20885322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Warren Tardy

Mailing Address 310 25th Avenue North
 Suite 101

City State Zip Code
 Nashville TN 37203-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

Director, Public Policy Management Gro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2013

Transaction ID : 20885345

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gordon Crabtree

Mailing Address 50 North Medical Drive

City

Salt Lake City

State

UT

Zip Code

84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah Health Care - Hospi

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 20885411

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David Entwistle

Mailing Address 50 North Medical Drive

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah Health Care - Hospi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 20885412

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR1045726227946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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1576.94

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR1057462127946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale A Kirby MHA

Mailing Address P O Box 331

City Colusa State CA Zip Code 95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR1125892327946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Stephanie H. Drake

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR1492459927946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : PR1819487927946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : PR327629127946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : PR327771627946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : PR327777827946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Austin Thompson RN, MSNMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : PR327812027946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Mark SekleckiMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	3		

Transaction ID : PR327858027946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2013

Transaction ID : PR327877827946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
 #3002

City State Zip Code
 Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2013

Transaction ID : PR327895727946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2013

Transaction ID : PR328132827946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328136927946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328223827946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328241427946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328260927946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328511827946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328512027946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR328913327946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR329071327946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2013

Transaction ID : PR329215727946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR330411627946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR330475427946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR330549227946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 70
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR331304227946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR346168127946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2013

Transaction ID : PR518031927946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : PR766023727946

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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76.94

63968.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17000.00

Date of Receipt

04 / **04** / **2013**

Transaction ID : 20828685

Amount of Each Receipt this Period

17000.00

Full Name (Last, First, Middle Initial)

B. Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

87500.00

Date of Receipt

04 / **16** / **2013**

Transaction ID : 20845107

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

04 / **17** / **2013**

Transaction ID : 20845892

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 70

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
 Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130000.00

Date of Receipt

04 / **22** / **2013**

Transaction ID : 20847217

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

43200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 70

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 20884166

Amount of Each Receipt this Period

192.41

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.41

192.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

PAGE 58 OF 70

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2013
Transaction ID : 20884159

Amount of Each Disbursement this Period

150.38

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2013
Transaction ID : 20884165

Amount of Each Disbursement this Period

161.60

Merchant Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

311.98

311.98

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Hospital Association PAC

A. America Works PAC

Transaction ID : 20832201

011

Amount of Each Disbursement this Period

Category/
Type

5000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2013 Contribution

B. Duckworth For Congress

Transaction ID : 20832203

011

Amount of Each Disbursement this Period

Category/
Type

1500.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Contribution

C. Senate Victory Fund PAC

Transaction ID : 20832207

011

Amount of Each Disbursement this Period

Category/
Type

5000.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....

11500.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2013 Contribution

Candidate Name

Heartland Values PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2013

Transaction ID : 20833083

Amount of Each Disbursement this Period

1500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 6953

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robin KellyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
2013 Special General

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : 20833764

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha BlackburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : 20833914

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833916

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833918

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Common Ground PAC

Mailing Address 20 West Maple Street

City	State	Zip Code
Alexandria	VA	22301-2604

Purpose of Disbursement
2013 Contribution

Candidate Name

Common Ground PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833919

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse	State NY	Zip Code 13201
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel B. MaffeiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833955

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dave Camp For CongressMailing Address 5915 Eastman Avenue
Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Lee CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833961

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau	State MO	Zip Code 63702
------------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Mr. Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
2013 Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833964

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement
Contribution

Candidate Name

Mr. Jason SmithOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: MO District: 08

2013 Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20833965

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Coble For Congress

Mailing Address PO Box 1177

City	State	Zip Code
Greensboro	NC	27402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Howard CobleOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20834025

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin Patrick BradyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2013

Transaction ID : 20835120

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Henry CuellarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID : 20845832

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Sen. Michael F. BennetOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID : 20845834

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Angus King For U.S. Senate Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Mailing Address 114 Maine Street Suite #6
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Mr. Angus King JrOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID : 20845845

Amount of Each Disbursement this Period

1000.00

2018 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield	State CA	Zip Code 93389
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : 20846491

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dan Coats For Indiana

Mailing Address PO Box 301141

City Indianapolis	State IN	Zip Code 46230
----------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Daniel CoatsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850359

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Al Franken For Senate

Mailing Address PO Box 583144

City Minneapolis	State MN	Zip Code 55458
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Al FrankenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850360

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pat Roberts For US Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 20850361Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Contribution

Full Name (Last, First, Middle Initial)

B. Coffman For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Mailing Address 9249 South Broadway
#200-501

City	State	Zip Code
Highlands Ranch	CO	80129

Transaction ID : 20850362Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Mike CoffmanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 06

Contribution

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 20850363Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 03

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City	State	Zip Code
Chicago	IL	60644

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Danny K. DavisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850364

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Re-Elect Tim Griffin For Congress Committee

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. John GriffinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850365

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ribble For Congress

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Reid J. RibbleCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850366

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul D. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850367

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin	State MO	Zip Code 63022
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Purpose of Disbursement
Contribution

Candidate Name

Ms. Ann WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850368

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville	State KY	Zip Code 42241
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850369

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 479

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850370

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

Rep. George K. ButterfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : 20850371

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Capito For West Virginia

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement
Contribution

Candidate Name

Ms. Shelley CapitoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : 20853311

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Peters For Congress

Mailing Address P.O. Box 21535

City	State	Zip Code
Detroit	MI	48221

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gary C. PetersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : 20853313

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

57500.00
